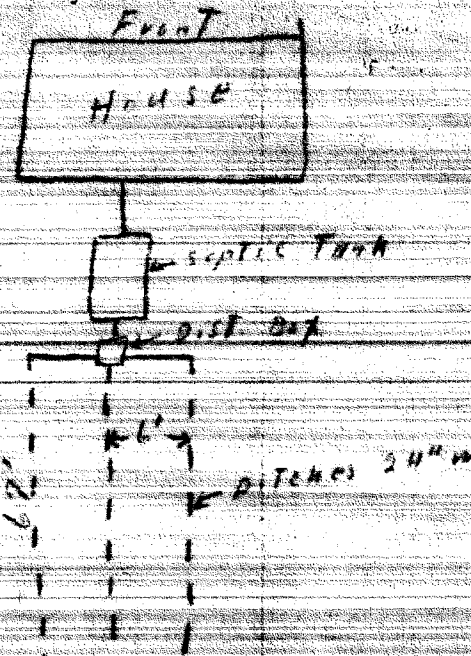


## PERMIT TO INSTALL OR REPAIR SEPTIC TANK SYSTEM

Sketch of Proposed System

Permit No. \_\_\_\_\_ Date of Application 3-25-46To Whom Issued Mrs. CarterAddress 10 N. 1st - New YorkLocation 2nd St. - New YorkType of Tank SanitaryMinimum Size 500 gal

Minimum Feet of 4" Farm Tile in \_\_\_\_\_

Distribution Field 300 ftDepth in Inches of Cinders or Stone 6 inOwner's Name Mr. Carter

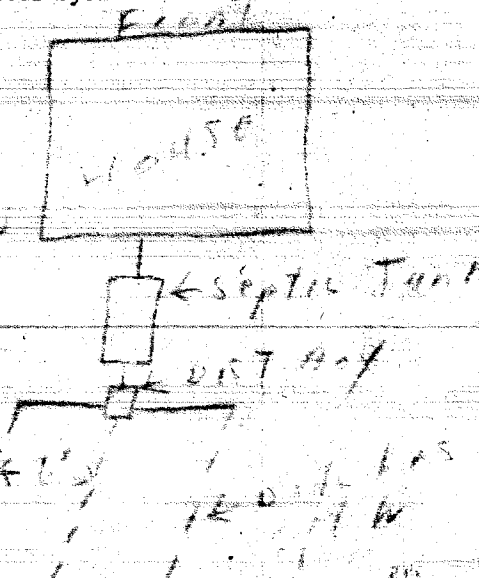
Address \_\_\_\_\_

Final Approval. \_\_\_\_\_ Date 4-9-46Signed Grant

NOTE: Plumber must notify the \_\_\_\_\_ Health Department (Phone \_\_\_\_\_) when the septic tank system is ready for inspection. If any septic tank system or part thereof is covered before being regularly inspected and approved, it shall be uncovered by the plumber at the direction of the Health Officer or his authorized representative.

## PERMIT TO INSTALL OR REPAIR SEPTIC TANK SYSTEM

Sketch of Proposed System

Permit No. \_\_\_\_\_ Date of Application 7-18-47To Whom Issued Franklin

Address \_\_\_\_\_

Location 2nd St. - New YorkType of Tank SanitaryMinimum Size 500 gal

Minimum Feet of 4" Farm Tile in \_\_\_\_\_

Distribution Field 300 ftDepth in Inches of Cinders or Stone 6 in

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Final Approval. \_\_\_\_\_ Date 7-18-47Signed Grant

NOTE: Plumber must notify the \_\_\_\_\_ Health Department (Phone \_\_\_\_\_) when the septic tank system is ready for inspection. If any septic tank system or part thereof is covered before being regularly inspected and approved, it shall be uncovered by the plumber at the direction of the Health Officer or his authorized representative.

## HEALTH DEPARTMENT

## PERMIT TO INSTALL OR REPAIR SEPTIC TANK SYSTEM

Sketch of Proposed System

Permit No. \_\_\_\_\_ Date of Application 4-3-47To Whom Issued Ernest & Co.Address 1207 N. MainLocation St. Louis 62

Type of Tank \_\_\_\_\_

Minimum Size \_\_\_\_\_

Minimum Feet of 4" Farm Tile in \_\_\_\_\_

Distribution Field SeptDepth in Inches of Cinders or Stone 6 in

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Final Approval. \_\_\_\_\_ Date 4-3-47Signed Grant

NOTE: Plumber must notify the \_\_\_\_\_ Health Department (Phone \_\_\_\_\_) when the septic tank system is ready for inspection. If any septic tank system or part thereof is covered before being regularly inspected and approved, it shall be uncovered by the plumber at the direction of the Health Officer or his authorized representative.

## HEALTH DEPARTMENT

## PERMIT TO INSTALL OR REPAIR SEPTIC TANK SYSTEM

Sketch of Proposed System

Permit No. \_\_\_\_\_ Date of Application \_\_\_\_\_

To Whom Issued Ernest & Co.Address 1207 N. MainLocation St. Louis 62

Type of Tank \_\_\_\_\_

Minimum Size \_\_\_\_\_

Minimum Feet of 4" Farm Tile in \_\_\_\_\_

Distribution Field SeptDepth in Inches of Cinders or Stone 6 in

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Final Approval. \_\_\_\_\_ Date 4-3-47Signed Grant

NOTE: Plumber must notify the \_\_\_\_\_ Health Department (Phone \_\_\_\_\_) when the septic tank system is ready for inspection. If any septic tank system or part thereof is covered before being regularly inspected and approved, it shall be uncovered by the plumber at the direction of the Health Officer or his authorized representative.

PERMIT TO INSTALL OR REPAIR  
WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS

Date 3-10-59 Case No. 408

Owner Carnes d wallace Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Mailing Address)

Occupant \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Mailing Address)

Exact Location of Premises Lot 4 Bk E, Pat lane - Ranch Acres  
(Subdivision - Section - Lot No.) (Street, Road, Name or Number)

OWNER DESIRES TO: ☒ INSTALL ☐ REPAIR  
☐ Water Supply System ☐ Water Supply System  
☒ Sewage Disposal System ☐ Sewage Disposal System  
☒ Septic Tank ☐ Septic Tank  
Health Department Recommends: \_\_\_\_\_

FOR: ☒ Dwelling ☐ Other  
Actual or Potential Bedrooms 3 Actual or Estimated Water  
Consumption \_\_\_\_\_ Gal. Per Day Automatic Washing Machine  
☒ Yes ☐ No Garbage Disposal Unit ☐ Yes No ☒ Addi-  
tional Wastes: \_\_\_\_\_

DETAILS OF RECOMMENDED SYSTEMS

WATER SUPPLY: Location to be approved by Sanitarian. Type:  
☐ Drilled Well ☒ Driven Well ☐ Bored Well ☐ Dug Well  
☐ Other Public Cased \_\_\_\_\_ feet.

Casing to be properly sealed and vented if necessary. Casing to extend at least  
6 inches above pump room floor. Grouted \_\_\_\_\_ feet. All surface drainage  
to flow away from water supply. Well to have a platform of concrete or other  
impervious material, at least 4 inches thick at casing, extending at least 24  
inches in all directions from casing, gently sloped for drainage.

SOIL STUDY: Naturally drained, suitable by sight ☒ Yes ☐ No

Technical Classification: \_\_\_\_\_

Rough Classification: ☐ Sandy ☒ Medium ☐ Clay ☐ Pipe Clay

Percolation Test Required: ☐ Yes ☒ No Rate \_\_\_\_\_

Minutes Per Inch Depth of Water Table \_\_\_\_\_ feet  
(Estimated)

Surface Drainage Required: ☐ Yes ☒ No Area Drainage by

Lowering Ground Water Table Required: ☐ Yes ☒ No

DETAILS OF CONSTRUCTION: Watertight Septic Tank of  
Concrete  
(Kind of Material)

Inside dimensions:  
Length 7 feet. Width 3 1/2 feet. Liquid capacity 720 Gallons.

HOUSE SEWER LINE: Size 4 Inches. Type of material  
required Cast Iron Distance from Water Supply \_\_\_\_\_ feet.

SUB-SURFACE ABSORPTION FIELD: Distribution Box required. Ditches of  
equal length required.

Number of square feet required 700 Type aggregate  
required: ☐ Broken Stone ☒ Gravel ☐ Slag. Size range from

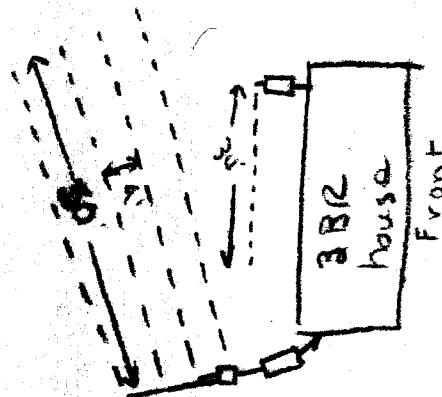
1/2 inch to 2 1/2 inches. Depth of aggregate from base of tile to  
bottom of ditches 6 inches.

Total aggregate must equal minimum depth of 13 inches or more.

Soil Cover over tile not to exceed 24 inches. Distance from  
Sewage Disposal System to the nearest point of a Water Supply  
System will be \_\_\_\_\_ feet.

Rough Sketch of Premises (including adjacent properties if pertinent, showing location of Lot Line, Buildings, Water Supplies, Sewage Disposal Sys-  
tems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.

4 lines 50' long 3' wide  
Washer System:  
1/2 500 gal tank  
34' of 3' ditch



Note: Owner or his agent must notify \_\_\_\_\_ Health Department, Phone \_\_\_\_\_ when installation  
is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the  
direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN.  
Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued.

Date 3-10-59 Signed HE Sullivan  
(Sanitarian or Health Director)

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Reviewing Authority)

# PERMIT TO INSTALL OR REPAIR WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS

Date 8-27-59 Case No. 116

Owner Carnes & Wallace Address \_\_\_\_\_ (Mailing Address) Phone \_\_\_\_\_

Occupant \_\_\_\_\_ Address \_\_\_\_\_ (Mailing Address) Phone \_\_\_\_\_

Exact Location of Premises 4 apartment unit - Ranch acres  
(Subdivision - Section - Lot No.) (Street, Road, Name or Number)

OWNER DESIRES TO: ☒ INSTALL ☐ REPAIR  
☐ Water Supply System ☐ Water Supply System  
☒ Sewage Disposal System ☐ Sewage Disposal System  
☒ Septic Tank ☐ Septic Tank  
 Health Department Recommends: \_\_\_\_\_

FOR: Apartment Unit 4 apts.  
☒ Dwelling ☐ Other  
 Actual or Potential Bedrooms 8 Actual or Estimated Water Consumption \_\_\_\_\_ Gal. Per Day Automatic Washing Machine  
☐ Yes ☒ No Garbage Disposal Unit ☐ Yes ☒ No Additional Wastes: \_\_\_\_\_

## DETAILS OF RECOMMENDED SYSTEMS

WATER SUPPLY: Location to be approved by Sanitarian. Type:  
☐ Drilled Well ☐ Dug Well ☐ Bored Well ☐ Dug Well  
☐ Other \_\_\_\_\_ Cased \_\_\_\_\_ feet.

Casing to be properly sealed and vented, if necessary. Casing to extend at least 5 inches above pump room floor. Grouted \_\_\_\_\_ feet. All surface drainage to flow away from water supply. Well to have a platform of concrete or other impervious material, at least 1 inch thick at casing, extending at least 24 inches in all directions from casing, gently sloped for drainage.

SOIL STUDY: Naturally drained, suitable by sight ☒ Yes ☐ No  
 Technical Classification: \_\_\_\_\_

Rough Classification: ☐ Sandy ☒ Medium ☐ Clay ☐ Pipe Clay

Percolation Test Required: ☐ Yes ☒ No Rate \_\_\_\_\_

Minutes Per Inch Depth of Water Table \_\_\_\_\_ feet  
 (Estimated)

Surface Drainage Required: ☐ Yes ☒ No Area Drainage by \_\_\_\_\_

Lowering Ground Water Table Required: ☒ Yes ☐ No

DETAILS OF CONSTRUCTION: Watertight Septic Tank of 2 Tanks - Concrete

Inside dimensions: Length 13 1/2 feet Width 7 feet Liquid capacity 500 Gallons  
 Kind of Material: Cast Iron

HOUSE SEWER LINE: Size 4 Inches Type of material required \_\_\_\_\_ Distance from Water Supply \_\_\_\_\_ feet.

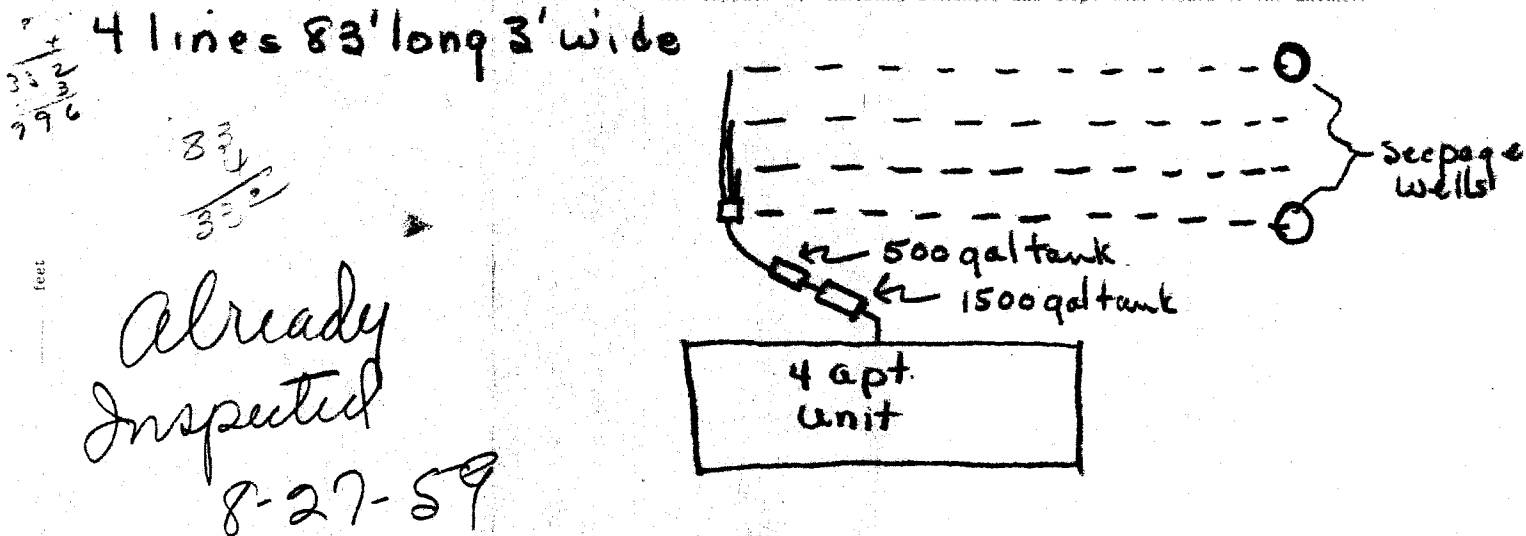
SUB-SURFACE ABSORPTION FIELD: Distribution \_\_\_\_\_ Type aggregate required: 996 + seepage well

Number of square feet required \_\_\_\_\_  
 required: ☐ Broken Stone ☒ Gravel ☐ Slag. Size range from 1/2 inch to 2 1/2 inches. Depth of aggregate from base of tile to bottom of ditches 6 inches.

Total aggregate must equal minimum depth 18 inches or more.

Soil Cover over tile not to exceed 18 inches. Distance from Sewage Disposal System to the nearest point of a Water Supply System will be \_\_\_\_\_ feet.

Rough Sketch of Premises including adjacent properties if pertinent. Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.



Note: Owner or his agent must notify Chesterfield Health Department, Phone SH82211 when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued.

Date 8-27-59 Signed H.E. Sullivan Jr  
 (Sanitarian or Health Director)

Date \_\_\_\_\_ Signed \_\_\_\_\_  
 (Reviewing Authority)

**PERMIT TO INSTALL OR REPAIR  
WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS  
(VOID AFTER TWELVE (12) MONTHS)**

Date 7-15-65 Case No. \_\_\_\_\_

Arthur Casel

Address 5633 Warwick Rd. Phone 2339094  
(Mailing Address)

Vacant

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Mailing Address)

Exact Location of Premises 7-C-A Cheville Drive Amber Hgts  
(Subdivision, Street or Road Name, Section or Lot No.)

**OWNER DESIRES TO**

☒ **INSTALL**  
☐ Water Supply System  
☐ Sewage Disposal System  
☒ Septic Tank  
Health Department recommends \_\_\_\_\_

☐ **REPAIR**  
☐ Water Supply System  
☐ Sewage Disposal System  
☐ Septic Tank

**FOR**

☒ Dwelling ☐ Other \_\_\_\_\_  
Actual or potential Bedrooms 3 Actual or estimated Water Consumption 402 gal. per day Automatic Washing Machine ☒ Yes ☐ No Garbage Disposal unit ☐ Yes ☒ No  
Additional wastes none

**DETAILS OF RECOMMENDED SYSTEMS**

(1) **WATER SUPPLY** Location to be approved by Sanitarian. Type  
☐ Drilled Well ☐ Driven Well ☐ Bored Well ☐ Dug Well  
☒ Other Public Cased \_\_\_\_\_ feet.

Casing to be properly sealed and vented if necessary. Casing to extend at least 6 inches above pump room floor. Grouted \_\_\_\_\_ feet. All surface drainage to flow away from water supply. Well to have a platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions from casing, gently sloped for drainage.

(2) **SOIL STUDY** Naturally drained, suitable by sight ☒ Yes ☐ No  
Technical Classification Sandy Clay loam  
Rough Classification ☐ Sandy ☒ Medium ☐ Clay ☐ Pipe Clay. Percolation Test required ☐ Yes ☒ No. Rate \_\_\_\_\_  
Minutes per inch. Depth of Water Table \_\_\_\_\_ feet  
(Estimated)

Surface drainage required ☐ Yes ☒ No Area Drainage by Lowering Ground Water Table required ☐ Yes ☒ No

(3) **DETAILS OF CONSTRUCTION** Watertight Septic Tank of Concrete Inside Dimensions Length 8 feet.  
(Kind of Material)

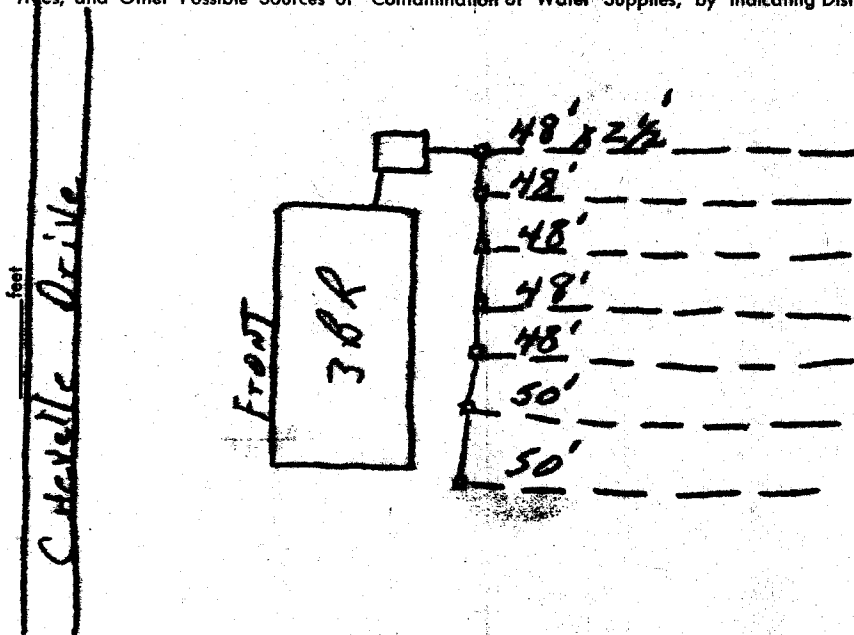
Width 4 feet. Liquid Depth 4 feet Depth of Air Space 1 feet. Liquid Capacity 957 gallons.

(4) **HOUSE SEWER LINE** Size 4 inches. Type of material required C.I. Distance from Water Supply 20+ feet.

(5) **SUBSURFACE ABSORPTION FIELD** Distribution Box required. Ditches of equal length required. 850 Type aggregate required ☐ Broken Stone ☒ Gravel ☐ Slag. Size range from  $\frac{1}{2}$  inches to  $2\frac{1}{2}$  inches. Depth of aggregate from base of tile to bottom of ditches 6 inches.

Total aggregate must equal minimum depth of 13 inches or more. Soil Cover over tile not to exceed 12 inches. Distance from well to septic tank 144 feet; distance from well to drainile field 144 feet.

Rough Sketch of Premises (including adjacent properties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.



Note: Owner or his agent must notify Chatterfield Health Department, Phone 748-2211 when installation is ready for inspection. If any Sewage Disposal System, in part, thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued.

Date \_\_\_\_\_ Approved \_\_\_\_\_  
LHS - 121 Rev. 1-65 (Reviewing Authority)  
Virginia State Department of Health

Date 7-15-65 Signed Jack L. Carlson  
(Sanitarian or Health Director)

WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS

Date 8/24/64 Case No. \_\_\_\_\_

Owner H. Z. K. + Burton Address \_\_\_\_\_ (Mailing Address) Phone \_\_\_\_\_

Occupant \_\_\_\_\_ Address \_\_\_\_\_ (Mailing Address) Phone \_\_\_\_\_

Exact Location of Premises G-A-A Clevelle Rd. Amber Hgts.  
(Subdivision, Street or Road Name, Section or Lot No.)

OWNER DESIRES TO

- ☒ INSTALL  
☐ Water Supply System  
☐ Sewage Disposal System  
☒ Septic Tank
- ☐ REPAIR  
☐ Water Supply System  
☐ Sewage Disposal System  
☐ Septic Tank

Health Department recommends \_\_\_\_\_

FOR

- ☒ Dwelling ☐ Other \_\_\_\_\_  
Actual or potential Bedrooms 3 Actual or estimated Water Consumption 702 gal. per day Automatic Washing Machine  
☒ Yes ☐ No Garbage Disposal unit ☐ Yes ☐ No ☐ Additional wastes none

DETAILS OF RECOMMENDED SYSTEMS

- (1) WATER SUPPLY Location to be approved by Sanitarian. Type  
☐ Drilled Well ☐ Driven Well ☐ Bored Well ☐ Dug Well  
☒ Other public Cased \_\_\_\_\_ feet.

Casing to be properly sealed and vented if necessary. Casing to extend at least 6 inches above pump room floor. Grouted \_\_\_\_\_ feet. All surface drainage to flow away from water supply. Well to have a platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions from casing, gently sloped for drainage.

- (2) SOIL STUDY Naturally drained, suitable by sight ☐ Yes ☐ No  
Technical Classification well drained  
Rough Classification ☐ Sandy ☒ Medium ☐ Clay ☐ Pipe Clay. Percolation Test required ☐ Yes ☒ No. Rate \_\_\_\_\_  
Minutes per inch. Depth of Water Table \_\_\_\_\_ feet (Estimated)

Surface drainage required ☐ Yes ☒ No Area Drainage by Lowering Ground Water Table required ☐ Yes ☒ No

- (3) DETAILS OF CONSTRUCTION Watertight Septic Tank of  
Concrete Inside Dimensions Length 7 feet.  
(Kind of Material)

Width 3 feet. Liquid Depth 4 feet. Depth of Air Space \_\_\_\_\_ feet. Liquid Capacity \_\_\_\_\_ gallons.

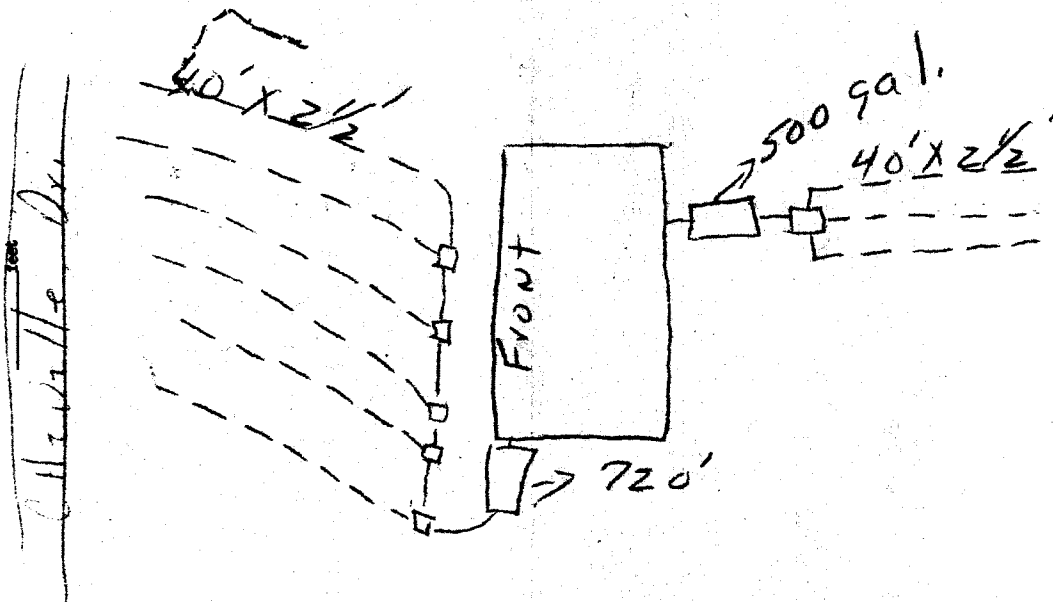
- (4) HOUSE SEWER LINE Size 4 inches. Type of material required P.V.C. Distance from Water Supply \_\_\_\_\_ feet.

- (5) SUBSURFACE ABSORPTION FIELD Distribution Box required. Ditches of equal length required. Number of square feet required 700 Type aggregate required ☐ Broken Stone ☒ Gravel ☐ Slag. Size range from  $\frac{1}{4}$  inches to  $2\frac{1}{2}$  inches. Depth of aggregate from base of tile to bottom of ditches 6 inches.

Total aggregate must equal minimum depth of 18 inches or more.

Soil Cover over tile not to exceed \_\_\_\_\_ inches. Distance from Sewage Disposal System to the nearest point of a Water Supply System will be 20 feet.

Rough Sketch of Premises (including adjacent properties if pertinent, showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.



Rear system:  
3(40') LINES  
500 gal. TANK

Front system:  
6(40') LINES  
720 gal. TANK

Note: Owner or his agent must notify \_\_\_\_\_ Health Department, Phone 148-2211 when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued.

Date \_\_\_\_\_ Approved \_\_\_\_\_ (Reviewing Authority) Date 8/24/64 Signed Aug. L. Carlson (Sanitarian or Health Director)

01-120-576

☐ The information required above has been drawn on the attached copy of the sketch submitted with the application.  
Attach additional sheets as necessary to illustrate the design.



No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by the local health department or unless expressly authorized by the local health dept. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon the direction of the Department.

Date: 2/14/02 Reviewed by: [Signature]  
Supervisory Sanitarian

### If FHA or VA financing

**C.H.S. 202B**

## Supervisory Sanitarian

**FILE COPY**

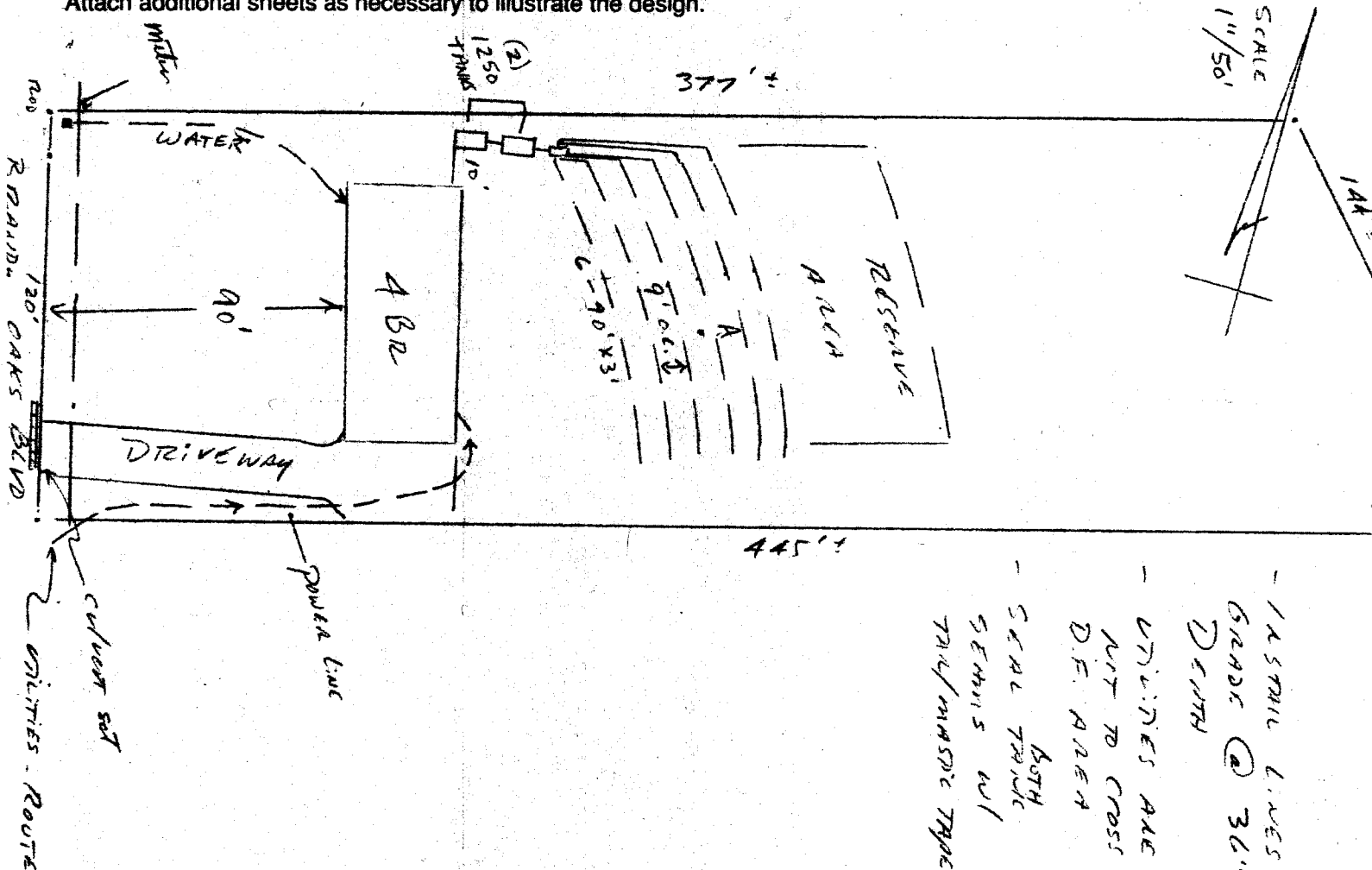
## Regional Sanitarian



**Schematic drawing of sewage disposal and/or water supply system and topographic features.**

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or sewage disposal system shall show sewer lines, pretreatment unit, pump station, conveyance system, and subsurface soil absorption system, reserve area, etc. When a nonpublic drinking water supply is to be permitted, show all sources of pollution within 200 feet.

☐ The information required above has been drawn on the attached copy of the sketch submitted with the application. Attach additional sheets as necessary to illustrate the design.



This sewage disposal system and/or water supply is to be constructed as specified by the permit ☒ or attached plans and specifications ☐.

This sewage disposal system and/or well construction permit is null and void if (a) conditions are changed from those shown on the application (b) conditions are changed from those shown on the construction permit.

No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by the local health department or unless expressly authorized by the local health dept. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon the direction of the Department.

Date: 2-13-02 Issued by: E.H.S. Sr.  
Sanitarian

Date: 2-14-02 Reviewed by: [Signature]  
Supervisory Sanitarian

This Construction  
Permit Valid until  
8/2003

If FHA or VA financing

Reviewed by Date \_\_\_\_\_ Date \_\_\_\_\_